

STANDARD CERTIFICATE OF DEATH

State File No. 2255

FILED JAN 18 1951

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 55 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) 906 North Fifth Street 0			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) L.		c. (Last) Swanson		4. DATE OF DEATH (Month) (Day) (Year) January 2 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 15 1867	
9. AGE (In years last birthday) 83		10. MONTHS 0		11. DAYS 17		12. IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wheel turner		10b. KIND OF BUSINESS OR INDUSTRY Car & Fdy Machine Shop		11. BIRTHPLACE (State or foreign country) Wentzville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME (retired) unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF DECEASED'S WIFE Mary (Hughes) Swanson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NIL		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Swanson (son) St. Charles, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lymphosarcoma</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>generalized arteriosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 year ??</i> <i>2001</i> <i>10 years!</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT-SUICIDE-HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec 10 1950</i> , to <i>Jan 2, 1951</i> , that I last saw the deceased alive on <i>Jan 2, 1951</i> , and that death occurred at <i>2:00 P.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>George E. Kuster</i> (Degree or title) <i>M.D.</i>				23b. ADDRESS <i>St. Charles, Mo.</i>		23c. DATE SIGNED <i>Jan 4-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 5, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Charles Co., Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Jan 11 1951</i>		REGISTRAR'S SIGNATURE <i>Norme Hamilton</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>H. C. Dallmeyer & Sons Co.</i> <i>800 N. 2nd - St. Charles, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 15 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 4189

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Joseph F Landoet

Licensed Embalmer No. 4189

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.